

## COMMODITY INDEMNITY FUND PROGRAM

## Daily Assessment Record

Quarter/Year \_\_\_\_\_

Warehouse/Dealer \_\_\_\_\_

Idaho State Department of Agriculture

Warehouse No. \_\_\_\_\_

Location \_\_\_\_\_

## Bonded Warehouse

Dealer No. \_\_\_\_\_

[illegible]

## DEPOSIT FOR WITHDRAWAL

[illegible]

Carry Total \$ at the End of the Quarter to Proper Quarter on Quarterly Report.

Signature\_\_\_\_\_